



**6Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES PLAN  
ANNUAL UPDATE 2013  
(Fiscal Year 2012-2013)**



**Table 11 – RESOURCE DIRECTORY – Dispatch Agencies**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2012-2013**

**Note:** Complete information for each facility by county. Make copies as needed.

<b>Name &amp; Address:</b> AmbuServe Inc. 15105 S. Broadway Street Gardena, CA 90248		<b>Primary Contact &amp; Phone Number:</b> Traci Taylor General Manager 310.644.0500	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: __1__ EMD      __ EMT-D      __ ALS __8__ BLS      __ LALS      __ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

<b>Name &amp; Address:</b> American Medical Response – Antelope Valley 1055 W. Avenue J Lancaster, CA 93534		<b>Primary Contact &amp; Phone Number:</b> Greg Moore Director of Communications 661.945.9366	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: __27__ EMD      __ EMT-D      __50__ ALS __372__ BLS      __ LALS      __ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

**Table 11 – Resource Directory – Dispatch Agencies**

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<b>Name &amp; Address:</b> Americare Med Services, Incorporated 1059 E. Bedmar Street Carson, CA 91746			<b>Primary Contact &amp; Phone Number:</b> John Beltran Regulatory Affairs 858.212.6712		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _11_ EMD      _____ EMT-D      _____ ALS _4_ BLS      _____ LALS      _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Antelope Ambulance Service 42540 N. 6 <sup>th</sup> Street East Lancaster, CA 93534			<b>Primary Contact &amp; Phone Number:</b> Aaron Aumann General Manager 661.951.1998 <a href="mailto:aaron@antelopeamb.com">aaron@antelopeamb.com</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _5_ EMD      _____ EMT-D      _6_ ALS _23_ BLS      _____ LALS      _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Avalon Fire/Sheriff's Department 420 Avalon Canyon Road Avalon, CA 90704			<b>Primary Contact &amp; Phone Number:</b> Mike Krug Assistant Fire Chief 310.510.0203 x331 <a href="mailto:mkrug@cityofavalon.com">mkrug@cityofavalon.com</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>  0  </u> EMD <u>      </u> EMT-D <u>      </u> ALS <u> 15 </u> BLS <u>      </u> LALS <u>      </u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Beverly Hills Police Department Communications Bureau 445 North Rexford Drive Beverly Hills, CA 90210			<b>Primary Contact &amp; Phone Number:</b> Sean Stokes EMS Manager 310.281.2733 <a href="mailto:ssstokes@beverlyhills.org">sstokes@beverlyhills.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u> 17 </u> EMD <u>      </u> EMT-D <u>  24 </u> ALS <u> 55 </u> BLS <u>      </u> LALS <u>      </u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Bowers Ambulance Service 3355 East Spring Street, Suite 301 Long Beach, CA 90806			<b>Primary Contact &amp; Phone Number:</b> Ken Kaufmann Assistant General Manager/Paramedic Coordinator 562.480.1542 <a href="mailto:kenk@bowersambulance.com">kenk@bowersambulance.com</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___6___ EMD      ___ EMT-D      ___1___ ALS ___8___ BLS      ___ LALS      ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Culver City Fire Department 9770 Culver Boulevard Culver City, CA 90232			<b>Primary Contact &amp; Phone Number:</b> Ken Powell Administrative Captain/EMS Coordinator 310.253.5912 <a href="mailto:ken.powell@culvercity.org">ken.powell@culvercity.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD      ___ EMT-D      ___45___ ALS ___16___ BLS      ___ LALS      ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Downey Fire Communications Center 12222 Paramount Blvd. Downey, CA 90242			<b>Primary Contact &amp; Phone Number:</b> Bruce English EMS Battalion Chief 562.904.7344 Bruce.english@downeyfire.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: __11__ EMD      _____ EMT-D      __24__ ALS __46__ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal Downey Fire Communications Center is the Dispatch Agency for the following Fire Departments: Compton, Downey, La Habra Heights, Santa Fe Springs and Vernon.		

<b>Name &amp; Address:</b> El Segundo Fire Department 314 Main Street El Segundo, CA 90245			<b>Primary Contact &amp; Phone Number:</b> Mark Early EMS Battalion Chief 310.524.2228		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: __35__ EMD      _____ EMT-D      __22__ ALS __21__ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Gerber Ambulance Service 19801 Mariner Avenue Torrance, CA 90503			<b>Primary Contact &amp; Phone Number:</b> Luis Manjarrez Operations Manager 310.542.6464		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___2___ EMD      ___ EMT-D      ___10___ ALS ___100___ BLS      ___ LALS      ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Guardian Ambulance Service 1854 E. Corson Pasadena, CA 91107			<b>Primary Contact &amp; Phone Number:</b> Melinda Smith Operations Manager 626.792.3688 <a href="mailto:operations@guardianamubulance.org">operations@guardianamubulance.org</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___3___ EMD      ___ EMT-D      ___5___ ALS ___10___ BLS      ___ LALS      ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> La Verne Fire/Police Department 2061 Third Street La Verne, CA 91750			<b>Primary Contact &amp; Phone Number:</b> Mike Thompson Battalion Chief 909.596.5991		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___0___ EMD      ___ EMT-D      ___26___ ALS ___7___ BLS      ___ LALS      ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

  

<b>Name &amp; Address:</b> Long Beach Fire Department 3205 Lakewood Boulevard Long Beach, CA 90808			<b>Primary Contact &amp; Phone Number:</b> Dwayne Preston EMS Coordinator 562.570.2558 <a href="mailto:dwayne.preston@longbeach.gov">dwayne.preston@longbeach.gov</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___18___ EMD      ___ EMT-D      ___160___ ALS ___310___ BLS      ___ LALS      ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063			<b>Primary Contact &amp; Phone Number:</b> Chris Bundesen Assistant Chief <a href="mailto:chris.bundesen@fire.lacounty.gov">chris.bundesen@fire.lacounty.gov</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___80___ EMD      ___ EMT-D      ___ ALS ___14___ BLS      ___ LALS      ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

  

<b>Name &amp; Address:</b> Los Angeles Fire Department – Operations Control 200 N. Main Street Los Angeles, CA 90012			<b>Primary Contact &amp; Phone Number:</b> Trevor Richmond Assistant Chief <a href="mailto:Trevor.richmond@lacity.org">Trevor.richmond@lacity.org</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 109 EMD      ___ EMT-D      30 ALS 79 BLS      ___ LALS      ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Mauran Ambulance Services, Incorporated 1211 First Street San Fernando, CA 91340			<b>Primary Contact &amp; Phone Number:</b> Davit Meliksetyan General Manager 818.365.3182 <a href="mailto:Mauran_ambulance@yahoo.com">Mauran_ambulance@yahoo.com</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: __3__ EMD      __ EMT-D      __ ALS __33__ BLS      __ LALS      __ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

  

<b>Name &amp; Address:</b> MedReach Ambulance 1303 Kona Dr. Rancho Dominguez, CA 90220			<b>Primary Contact &amp; Phone Number:</b> Robert Aragon Direction of Operations 310.567.065 <a href="mailto:robertaragon@medreachambulance.com">robertaragon@medreachambulance.com</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: __4__ EMD      __ EMT-D      __ ALS __4__ BLS      __ LALS      __ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> PRN Ambulance, Incorporated 8928 Sepulveda Blvd. North Hills, CA 91343			<b>Primary Contact &amp; Phone Number:</b> Joe Busto Operations Manager 818.810.3616 jbusto@prnambulance.com		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___15___ EMD      ___ EMT-D      ___1___ ALS ___1___ BLS      ___ LALS      ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

  

<b>Name &amp; Address:</b> Redondo Beach Fire Department 401 South Broadway Redondo Beach, CA 90277			<b>Primary Contact &amp; Phone Number:</b> Paul Lepore Fire Chief <a href="mailto:paul.lepore@redondo.org">paul.lepore@redondo.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ EMD      ___ EMT-D      ___1___ ALS ___1___ BLS      ___ LALS      ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Rescue Services International, LTD. 5462 Irwindale Avenue, Suite B Irwindale, CA 91706			<b>Primary Contact &amp; Phone Number:</b> Robert Ower Director of Operations 626.385.0440 Ext. 112 rower@rsiamb.com		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___0___ EMD      ___ EMT-D      ___7___ ALS ___99___ BLS      ___ LALS      ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Santa Monica Fire Department 333 Olympic Blvd. Santa Monica, CA 90401			<b>Primary Contact &amp; Phone Number:</b> Jodi Nevandro EMS Coordinator 310.458.4929		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___10___ EMD      ___ EMT-D      ___50___ ALS ___35___ BLS      ___ LALS      ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Schaefer Ambulance Service, Incorporated 4627 Beverly Boulevard Los Angeles, CA 90004			<b>Primary Contact &amp; Phone Number:</b> Leslie McNeal Assistant Vice President 323.468.1612 <a href="mailto:lesliemcneal@aol.com">lesliemcneal@aol.com</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___21___ EMD      ___ EMT-D      ___42___ ALS ___129___ BLS      ___ LALS      ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

  

<b>Name &amp; Address:</b> South Bay Regional Communications Center 4440 W. Broadway Hawthorne, CA 90250			<b>Primary Contact &amp; Phone Number:</b> Ralph Mailloux Executive Director 310.973.1802 ext 101 <a href="mailto:rmailloux@rcc911.org">rmailloux@rcc911.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___46___ EMD      ___ EMT-D      ___ ALS ___ BLS      ___ LALS      ___ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:___	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal  South Bay Regional Communications Center is the Dispatch Agency for the following Fire Departments: Hermosa Beach, Manhattan Beach and El Segundo.		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Torrance Fire Department 1701 Crenshaw Boulevard Torrance, CA 90501			<b>Primary Contact &amp; Phone Number:</b> Captain Brian Hudson EMS Coordinator 310.781.7018 bhudson@torranceca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      _48_ ALS _139_ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Verdugo Communications Center 421 Oak Street Glendale, CA 91204			<b>Primary Contact &amp; Phone Number:</b> Jason Pfau Systems Analyst 818.548.6408 <a href="mailto:jpfau@ci.glendale.ca.us">jpfau@ci.glendale.ca.us</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _12_ EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal  Verdugo Fire Communications Center is the Dispatch Center for the following Fire Department: Alhambra, Arcadia, Burbank, Glendale, Monrovia, Montebello, Monterey Park, Pasadena, San Gabriel, San Marino, Sierra Madre, and South Pasadena.		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> West Covina Fire Communications 1435 W. Puente Avenue West Covina, CA 91790			<b>Primary Contact &amp; Phone Number:</b> Bart Brewer Fire Chief 626.939.8824 <a href="mailto:bart.brewer@westcovina.org">bart.brewer@westcovina.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      __63__ ALS __6__ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

  

<b>Name &amp; Address:</b> West Med/McCormick Ambulance Company 13933 Crenshaw Boulevard Hawthorne, CA 90250			<b>Primary Contact &amp; Phone Number:</b> Michael Jones Managing Director 310.349.8904 <a href="mailto:mjones@mccormickamubulance.com">mjones@mccormickamubulance.com</a>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: __2__ EMD      _____ EMT-D      _____ ALS __14__ BLS      _____ LALS      _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Highlighted providers** failed to provide the requested information after repeated request; therefore, the information provided is from Fiscal Year 2011-2012.